MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO.	FILING DATE
APPLICANT(S) 09/468083	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			IND.	DEP.	IND.	EP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.							
1	/						61						
2		/					62						
3		/					63						
4		/					64						
5		/					65						
6		/					66						
7		/					67						
8		/					68						
9		/					69						
10	/						60						
11		/					61						
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13		/					63						
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42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	26						TOTAL IND.						
TOTAL DEP.	4						TOTAL DEP.						
TOTAL	30						TOTAL						